

# SRF Disbursement Request Form

## Participant Information

Name:	City of West Lafayette	SRF Loan Number:	WW 12792206
DUNS Number:	04 455 2636	CCR Number:	6NKJ2
Mailing	609 West Navajo Street		
City:	West Lafayette	State:	IN
Contact Person:	Judith C. Rhodes, Clerk-Treasurer	Contact Phone Number:	(765) 775-5150
Authorized Representative:	Mayor John R. Dennis, or C-Tr. J. Rhodes	Authorized Representative Phone Number:	(765) 775-5100
If requesting reimbursement to the Participant by wire transfer please provide the following information:			
Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

## Loan Information

Description of work for which claim is being made (services, fees, type of work, etc.):	Northside Regional Lift Station and Force Main		
Is any part of this claim funded by an alternate funding source?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):		\$	
Is any part of this claim funded by the Indiana Brownfields Program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the Participant paid the request and is now seeking reimbursement?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there Green Project Reserve components involved in this request?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please describe:			

## Loan Financial Information

Original Loan Amount:		\$	4,200,000.00
Total Amount of Previous Disbursements:		\$	3,941,477.00
Balance Available After this Disbursement:		\$	255,430.00
Amount to Contractor for this Request:		\$	3,093.00
Is any part of this request a partial or final release of retainage to the contractor?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

Contractor Name:	Greeley and Hansen	DUNS Number:	04 569 9949
Mailing address:	Lockbox 619775, PO Box 6197		
City:	Chicago	State:	IL
ZIP Code:	60680-6197		

## Wiring Information:

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

## Retainage Amount for this Request:

Participant requests that the retainage amount be held by SRF:	<input type="checkbox"/>
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:	<input type="checkbox"/>
Participant requests that the retainage amount be sent to the following bank:	<input type="checkbox"/>
Bank Name:	
Bank Routing Number:	
Account Name:	
Account Number:	

## Total Amount of this Request:

	\$	3,093.00
The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1).		

Authorized Representative	Date:	JUL 15 2014
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## For Internal Use Only:

Approved By:	Date:	GPR	\$	
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Revised on July 1, 2014



**GREELEY AND HANSEN**

*Celebrating 100 YEARS: Quality · Vision · Future*

100 S. Wacker Drive, Suite 1400  
Chicago, Illinois 60606  
p 312 558 9000  
f 312 558 1006  
[www.greeley-hansen.com](http://www.greeley-hansen.com)

June 23, 2014

Mr. David Henderson  
Utility Director  
City of West Lafayette  
Wastewater Treatment Utility  
500 South River Road  
West Lafayette, IN 47906

**RECEIVED**  
**JUL 07 2014**  
**UTILITY DIRECTOR**

Subject: North Side Regional Lift Station and Force Main  
Invoice No. 404907

Dear David:

The enclosed invoice is for services related to the North Side Regional Lift Station and Force Main project in accordance with the agreement dated September 28, 2009. Invoice No. 404907 covers services provided from May 3, 2014 through May 30, 2014 including:

- Response to the following Request for Information:
  - 031 Ground Mounted Lighting Conduit
  - 032 Cornice System
- Invoice from Fink, Roberts and Petrie for \$1,865.00

Please call me if you have any questions.

Thank you.

Sincerely,

  
Greeley and Hansen

Joseph M. Teusch

Jmt/img

# INVOICE

For customer service, call 312 578 2375.



**GREELEY AND HANSEN**

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P.O. Box 6197  
Chicago, Illinois 60680-6197  
p 312 558 9000  
[www.greeley-hansen.com](http://www.greeley-hansen.com)

Billing Number: 44  
Invoice Number: INV-0000406531

Invoice Date: 06/13/14

Description: NORTH SIDE REGIONAL LIFT STATION AND FORCE MAINS

Bill To:  
CITY OF WEST LAFAYETTE  
ATTN: MR. DAVID HENDERSON  
UTILITY DIRECTOR  
500 SOUTH RIVER ROAD  
WEST LAFAYETTE, IN 47906

Remit To:  
GREELEY AND HANSEN  
LBX 619776  
P.O. Box 6197  
CHICAGO, 60680-6197  
USA

Customer Number: 0791

Contract Value  
Cost: \$869,600.00  
Fee: \$0.00  
Total: \$869,600.00

Project Number: 0791C.01  
Project Name: NORTH SIDE REGIONAL LS&FM  
Terms: NET 30  
Due Date: 07/13/14

Cumulative Amount Billed: \$864,449.98

Billing Period From: 05/03/14  
To: 05/30/14

DL w/multiplier 3.2  
Total Labor

Architectural Servs  
Sub-Consultants  
Travel  
Printing  
Total ODC's

Mark-up on ODC's  
Mark-up Subtotal

Invoice Total

Current Incurred Hours:

7.00

Current Amount	Cumulative Amount
\$1,134.27	\$668,382.61
\$1,134.27	\$668,382.61
\$0.00	\$83,792.89
1,865.00	105,717.54
0.00	826.47
0.00	507.44
\$1,865.00	\$190,844.34
\$93.25	\$5,223.03
\$93.25	\$5,223.03
<u>\$3,092.52</u>	<u>\$864,449.98</u>

0791C.01

404907

DATE	BARBER	HEALY	ZANKO	Grand Total
05/06/14			1.00	1.00
05/07/14	0.50	1.50		2.00
05/13/14			2.00	2.00
05/14/14			1.00	1.00
05/15/14		1.00		1.00
Grand Total	0.50	2.50	4.00	7.00

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Billing Number:	44	Project Number:	0791C.01		
Invoice Number:	INV-0000406531	Project Name:	NORTH SIDE REGIONAL LS&FM	Invoice Date:	06/13/14

## Non-T&M Labor Supporting Schedule

Group Description:	Total Labor			
Labor Cat Desc	Empl/Vendor	T/S Date	Current Hours	Current Amount
01 CIVIL- SANITARY ASSOCIATE	HEALY, TIMOTHY S		2.50	\$106.55
02 CIVIL-SANITARY ENGINEER	BARBER, D. BRETT		0.50	33.51
35 ELECTRICAL DES SUPERVISOR	ZANKO, RON W		4.00	214.40
DL w/multiplier 3.2			7.00	\$354.46
Total Labor			7.00	\$354.46

# INVOICE



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p 312 558 9000  
[www.greeley-hansen.com](http://www.greeley-hansen.com)

Billing Number:	44	Project Number:	0791C.01		
Invoice Number:	INV-0000406531	Project Name:	NORTH SIDE REGIONAL LS&FM	Invoice Date:	06/13/14

## Non-Labor Supporting Schedule

Group Description:	Total ODC's					
Description	Transaction	JE No./ Vchr No.	Current FY/Pd	Vendor	Invoice ID	Current Amount
<u>Line Description:</u>	<u>Sub-Consultants</u>					
Subconsultants	Subconsultants	230652	2014/6	FINK ROBERTS & PETRIE, IN	7	\$1,865.00
Total: Sub-Consultants						<u>\$1,865.00</u>
Total ODC's						\$1,865.00



Consulting Engineers

FINK ROBERTS & PETRIE, INC.

Established in 1944

4040 Vincennes Circle  
Suite 300  
Indianapolis, Indiana 46268

<http://www.frpinc.com>

317-872-8400 Telephone  
317-876-2408 Fax

May 28, 2014

Project No: 09065.00

Invoice No: 7

Attn: Accounts Payable  
Greeley & Hansen Engineers  
7820 Innovation Blvd., Suite 150  
Indianapolis, IN 46278

Project 09065.00 W. Lafayette North Side Regional Lift

Station

Professional Services from April 18, 2014 to May 23, 2014

Fee

Billing Phase	Fee	Percent Complete	Earned
Preliminary Design Phase	12,900.00	100.00	12,900.00
Construction Documents Phase	25,800.00	100.00	25,800.00
Bidding Phase	4,300.00	100.00	4,300.00
Additional Services	1,865.00	100.00	1,865.00
Total Fee	44,865.00		44,865.00

Previous Fee Billing  
Current Fee Billing

Total Fee

1,865.00

Total this Invoice

\$1,865.00

Cc: Tim Healy

Project Manager

WEP

287  
GREELEY AND HANSEN

Org. Abbreviation # 125

CURRENT AMOUNT: \$ 1,865.00

DIRECT PROJECT #

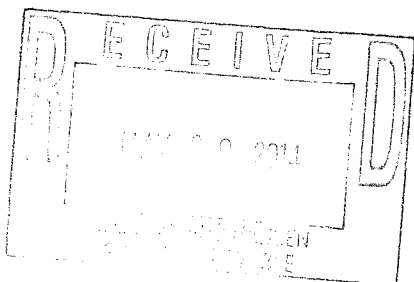
07916.01.900.01.900

Mark Appropriate G/L Account #

Billable		Non-Billable
<input checked="" type="checkbox"/> 5020.00	Subconsultants	<input type="checkbox"/> 5120.00
<input type="checkbox"/> 5025.00	Specialists	<input type="checkbox"/> 5125.00
<input type="checkbox"/> 5035.00	Printing	<input type="checkbox"/> 5135.00
<input type="checkbox"/> 5045.00	Postage/Del	<input type="checkbox"/> 5145.00
<input type="checkbox"/> 5046.99	Other Exp	<input type="checkbox"/> 5146.99

APPROVED BY: [Signature]

DATE: 5/29/14



Please return 1 copy of invoice with payment. Thank You!

\$235,652